



PATENT  
ALBHN W 3.3-258 CONT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of :  
CEDGARD :  
Application No. 09/465,667 : Group Art Unit: 1651  
Filed: DECEMBER 17, 1999 : Examiner: AFREMOVA  
For: METHOD FOR THE PRODUCTION OF : Date: MAY 18, 2001  
TABLETS BY PRESSING . . . :  
X

11/C  
5-25-01  
**RECEIVED**

MAY 23 2001

TECH CENTER 1600/2900

Commissioner for Patents  
Washington, D.C. 20231

Sir:


Transmitted herewith is an amendment in the above-identified application.  
The fee has been calculated as shown below.

| CLAIMS AS AMENDED  |   |           |                                  |                                 |              |              |
|--|---|-----------|----------------------------------|---------------------------------|--------------|--------------|
| (1)  | (2)                                       | (3)       | (4)                              | (5)                             | (6)          | (7)          |
|  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |           | HIGHEST<br>NUMBER<br>PAID<br>FOR | NUMBER<br>OF<br>EXTRA<br>CLAIMS | RATE         | ADDL.<br>FEE |
| TOTAL<br>CLAIMS  | * 17                                      | MINUS **  | 20                               | = 0                             | x \$ 9 = \$  | 0.00         |
| INDEP.<br>CLAIMS   | * 5                                       | MINUS *** | 5                                | = 0                             | x \$ 40 = \$ | 0.00         |
| FEE FOR FIRST PRESENTATION OF<br>MULTIPLE DEPENDENT CLAIM(S) |   |           |                                  |                                 | \$135 = \$   | 0.00         |
| TOTAL ADDITIONAL FEE<br>FOR THIS AMENDMENT.....              |   |           |                                  |                                 | \$           | 0.00         |

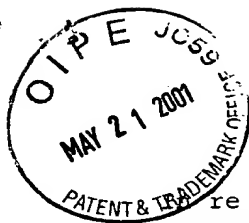
- \* If the entry in col. 2 is less than entry in col. 4 write "0" in col. 5.  
\*\* If the "highest number paid for" in this space is less than 20, write "20" in this space.  
\*\*\* If the "highest number paid for" in this space is less than 3, write "3" in this space.

1. ☒ Applicant claims small entity status under 37 C.F.R. 1.27.  
2. ☒ No additional fee is required.  
3. ☒ Charge \$0.00 or any additional fees or credit overpayment to Deposit Account No. 12-1095. A duplicate copy of this sheet is enclosed.

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282660\_1.DOC



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CEDGARD

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CLAIMS AS AMENDED

| (1)  | (2)                                       | (3)       | (4)                              | (5)                             | (6)   | (7)          |
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|  |   |           |                                  |                                 | TOTAL ADDITIONAL FEE<br>FOR THIS AMENDMENT.....\$ | 0.00         |

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